

Account Number (MVD Use)

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Motor Mail Drop 521M Motor Carrier and Tax Services
Wehicle Motor Vehicle Division PO Box 2100
Phoenix AZ 85001-2100

USE FUEL BULK PURCHASER REFUND REQUEST

Claim Number (MVD Use)

| Must be completed in full and mailed to the address above. Refund Period Beginning Date of the Address above. | | | ining Date | te Refund Period Ending Date | |
|---|----------------|------------------|--------------|------------------------------|--------------------|
| | | | Pho | Phone Number | |
| Bulk Purchaser Mailing Address | City | | (| State | Zip |
| Complete this form to request \$0.08 per gallon refevehicles, when the tax paid on the fuel purchased w | | , , | _ | | • |
| • Do not use this form to request a \$0.26 per gallo | on refund for | r non-taxable ac | tivity | | |
| • Equipment List must be submitted with your initi | al request | | | | |
| • Equipment List must be updated, when applicabl | e, for new o | r replacement ed | quipment | | |
| All refund requests by an unlicensed entity or per was purchased. An entity or person licensed as a vendor has 3 years to submit a request. | | | | | |
| Total Gallons Purchased Attach a copy of all purchase invoices. | | | | | |
| Light Class Vehicles Exempt Use Class Vehicles + Total = | med | | Total Refund | l Due | |
| certify that I paid \$0.26 tax per gallon on the Tominimum of 3 years. | ital Gallons (| _ | l retain sı | upport | ing documents for |
| Authorized Signature | Title | | | | Date |
| Authorized signer must be the taxpayer or officer re be attached or on file with MVD). | presenting ti | ne taxpayer (oth | ers requir | e that | a power of attorne |
| Preparer Name | | Title | | | |
| Preparer Signature | Phone Numl | per | Date | | |
| | | | | | |